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TECH CENTER 1600/290

AMENDMENT TRANSMITTAL LETTER CLIENT-MATTER NO.: 66797-132 (P-IX 5066)

SEP 1.5 CLIENT-MATTER NO.

TO: COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

EXPRESS MAIL MAILING LABEL NUMBER: EL 985982536 US

DATE OF DEPOSIT: September 25, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSER" SERVICE UNDER 37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450 ALEXANDRIA, VA 22313-1450

REBECCA CLIFFORD

(TYPED OR DEFINITED NAME OF PERSON MAILING PAPER OR FEE)

(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action mailed March 25, 2003, in the above-identified application.

- X Small Entity status of this application has been established under 37 CFR 1.27.
- X Petition for Three-Month Extension of Time is enclosed (in duplicate).
- ____ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ___ No additional claims fee is required.
- X An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER		NUMBER OF		RATE		FEE		
		PREVIOUSLY PAID FOR		CLAIMS PRESENTED		SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OT	
TOTAL CLAIMS	43	-	40	-	3	x	\$9	\$18	_	\$27.00	\$
INDEPEN- DENT CLAIMS	5	-	5	-	0	×	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		YES		xno			\$140	\$280	=	\$0.00	\$
							TOTAL ADDITIO	NAL FEE		\$27.00	\$

- If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventor: William D. Huse Serial No.: 09/997,209 Filed: November 28, 2001

Page 2

- Y Please charge my Deposit Account No. 502624 the amount of \$492.00, \$465.00 of which covers the fee for a three-month extension of time and \$27.00 for the additional claims fee. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Deborah L. Cadena

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